



Inspection of Community Program

Facility: _____

Facility Inspector: _____

Youth: _____

Address: _____ Date: _____

Facility Requirements (If no, please comment.)

YES NO

Does the facility have a current license from Health and Human Services?	<input type="checkbox"/>	<input type="checkbox"/>
Is the facility in good structural condition? (e.g. Are there holes in the wall or ceiling? Is the carpet ruined? Is the paint peeling?)	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have adequate heating and cooling systems?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have an alternate placement plan for youth in case of an emergency (fire at home, drive by shooting, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Safety Requirements (If no, please comment.)

YES NO

Does the facility have adequate exits that function properly?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have smoke detectors and a fire escape plan near every exit?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have a fire extinguisher?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have a carbon monoxide detector in the room nearest the furnace?	<input type="checkbox"/>	<input type="checkbox"/>
Does the youth have access to any firearms, medication or alcohol? If firearms are on the premises, are they kept in a locked gun safe along with the ammunition? Are the keys kept in a secure place? (Please comment regardless)	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Health Requirements (If no, please comment.) YES NO

Is food preparation done in a safe and sanitary manner in a sanitary setting?	<input type="checkbox"/>	<input type="checkbox"/>
Is the kitchen area kept clean?	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Sanitation and Hygiene (If no, please comment.) YES NO

Do the employees and residents of the facility appear to have good personal hygiene?	<input type="checkbox"/>	<input type="checkbox"/>
Are the bedrooms kept clean?	<input type="checkbox"/>	<input type="checkbox"/>
Is the living area kept clean?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a posted cleaning schedule?	<input type="checkbox"/>	<input type="checkbox"/>
Are there adequate accessible laundry facilities?	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Quality of Life (Ask the youth the following and comment.) YES NO

1) How long have you been at this placement?	<input type="checkbox"/>	<input type="checkbox"/>
2) Are your living arrangements comfortable?	<input type="checkbox"/>	<input type="checkbox"/>
3) How do you like your placement? Do you get along with your foster parents and/or staff?	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you know what to do in case of a fire emergency? What?	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you able to call your Parole Officer? Do you? How often?	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you have any complaints? Do you know who to talk to when you have a complaint? Who?	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]